

2771

Patent

Attorney Docket No. 52817.000051

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of :

Douglas Walter CONMY

Serial No.: 09/100,223

Filed: June 19, 1998

Group Art Unit: 2771

Examiner: Not Assigned

For: ELECTRONIC CALENDAR WITH GROUP SCHEDULING

TC 2700 MAIL ROOM

JUL 16 1999

RECEIVED

**TRANSMITTAL LETTER**Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

The following are enclosed for consideration in the above-identified application:

	FEE
<input type="checkbox"/> Response to Notice to File Missing Parts	\$
<input type="checkbox"/> Response to Notice of Incomplete Application	\$
<input type="checkbox"/> Declaration: <input type="checkbox"/> Original; <input type="checkbox"/> Supplemental	\$
<input type="checkbox"/> Submission of Formal Drawings	\$
<input type="checkbox"/> Formal Drawings:     Sheets     Figures	\$
<input type="checkbox"/> Information Disclosure Statement and Form 1449 and     References	\$
<input checked="" type="checkbox"/> Amendment: <input checked="" type="checkbox"/> Preliminary; <input type="checkbox"/> § 116; <input type="checkbox"/> § 312; <input type="checkbox"/> Other	\$
<input type="checkbox"/> Request for Extension of Time for     month(s)	\$
<input type="checkbox"/> Issue Fee: <input type="checkbox"/> Part B - Issue Fee Transmittal <input type="checkbox"/> Part C - Charge to Deposit Account	\$
<input type="checkbox"/> Notice of Appeal	\$
<input type="checkbox"/> Appeal Brief	\$
<input type="checkbox"/> Request for Oral Hearing	\$
<input type="checkbox"/> Reply Brief	\$
<input type="checkbox"/> Other:	\$
<input checked="" type="checkbox"/> No additional claim fee is required	\$
<input type="checkbox"/> An additional claim fee is required, and is calculated as shown below	\$
<b>TOTAL FEES BEING SUBMITTED</b>	\$

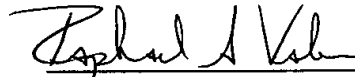
	Claims Remaining	Claims Paid For	Extra	Rate	Fee
Total Claims	20	20		x \$18.00	\$0
Independent Claims	4	4		x \$39.00	\$
Multiple Dependent Claims (if applicable)				\$	\$0
<b>TOTAL EXCESS CLAIMS FEE</b>					<b>\$0</b>
<b>SMALL ENTITY TOTAL (if applicable)</b>					<b>\$0</b>

The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and § 1.17 associated with this communication or credit any overpayment to the deposit account of Hunton & Williams, Deposit Account Number 50-0206.

**A duplicate copy of this sheet is enclosed.**

Respectfully submitted,

Dated: July 14, 1999

  
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 Raphael A. Valencia  
 Registration No. 43,216

HUNTON & WILLIAMS  
 1900 K Street, N.W.  
 Washington, D.C. 20006-1109  
 Telephone: (202) 955-1500  
 Facsimile: (202) 778-2201